

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -2 PM 1:40

DOCUMENT # L02000005624

1. Limited Liability Company's Name

Fenton's Chickee LLC

300023544283
10/03/03--01053--002 **155.00

2. Principal Office Address

P.O. Box 37247

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 37247

Suite, Apt. #, etc.

City & State

Tallahassee, Fla

City & State

Tallahassee, Fla

Zip

32315

Country

USA

Zip

32315

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3-8-02

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

William Fenton Langston

Street Address (P.O. Box Number is Not Acceptable)

1475 Crestview Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip

32303

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-2-03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>Manager</u>	<u>William Fenton Langston</u>	<u>PO Box 37247</u>	<u>Tallahassee, FL 32315</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

[Signature]

Date 10-2-03

Daytime Phone# 954-868-3038

Typed or printed name of signing Managing Member/Manager

Fenton Langston